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**HOFFMANN & BARON, LLP
6900 JERICHO TURNPIKE
SYOSSET, NY 11791**

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Marguerite Mullin

(Depositor's name)

/Marguerite Mullin/

(Signature)

September 29, 2010 via EFS

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/550,778	09/27/2005	Jurg Zumbunn	753-54 PC17US	1788

TITLE OF INVENTION: TEMPLATE-FIXED PEPTIDOMIMETICS AS MEDICAMENTS AGAINST HIV AND CANCER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	09/29/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
KOSAR, ANDREW D	1654	514-014000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" (or "Fee Address") Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a **Customer Number is required.**

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Hoffmann & Baron, LLP

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Polyphor AG/Ltd.
Universität Zürich**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Allschwil, Switzerland
Zürich, Switzerland**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☐ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 10

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☒ The Director is hereby authorized to charge the registered fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-2461 (enclose an extra copy of this form).

5. **Change in Entity Status** (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Julie Tabarovsky/

Date September 29, 2010

Typed or printed name Julie Tabarovsky

Registration No. 60,808

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